

IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH  
INSPECTION WEIGHTING REPORT  
*for Correctional Facilities*

PROGRAM NAME \_\_\_\_\_

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. For a two (2) year license, the program must receive at least a 90 % rating in each of the three categories below. For a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION: \_\_\_\_\_  
RECENT INSPECTION: \_\_\_\_\_

CATEGORY CLINICAL STANDARDS	ITEMS VALUE	PREVIOUS REPORT	CURRENT REPORT
Intake	3		
Orientation	5		
Assessment	15		
Treatment Plans	18		
Progress Notes	11		
Discharge Planning	8		
Medical Services	2		
Quality Improvement	10		
TOTAL	73		

Three (3) years    73 – 69 = 95%  
Two (2) years:    68 – 65 = 90%  
One (1) year:    65 – 51 = 70%  
Denial:            50 or below

Total Points Available:            73  
Total Points Received:  
Percent:                                %

CATEGORY ADMINISTRATIVE STANDARDS	ITEMS VALUE	PREVIOUS REPORT	CURRENT REPORT
Clinical Oversight	4		
Staff Training	17		
Procedure Manual	10		
Personnel	29		
TOTAL	60		

Three (3) years    60 – 57 = 95%  
Two (2) years:    56 – 54 = 90%  
One (1) year:    53 – 42 = 70%  
Denial:            41 or below

Total Points Available:            60  
Total Points Received:  
Percent:                                %

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUE	PREVIOUS REPORT	CURRENT REPORT
Inmate Rights	3		
Inmate Case Records	38		
Medication Control	12		
Inpatient, residential and halfway house services safety	8		
Specific standards for inpatient, residential and halfway house facilities	65		
TOTAL	126		

Three (3) years     $126 - 120 = 95\%$   
 Two (2) years:     $119 - 114 = 90\%$   
 One (1) year:      $113 - 88 = 70\%$   
 Denial:             87 or below

Total Points Available:            126  
 Total Points Received:  
 Percent:                                %

IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH  
LICENSURE REVIEW WORKSHEET FOR  
*Correctional Facilities*

**FACILITY NAME, ADDRESS, TELEPHONE, FAX AND E-MAIL ADDRESS**

Phone: (---)

FAX: (---)

E-Mail Address:

**APPLICATION RECEIVED:**

**TECHNICAL ASSISTANCE:**

**DATE OF INSPECTION:**

**INSPECTORS:**

**STAFFING:**

Warden:

Medical Director

Program Director:

Clinical Supervisor:

Trainer:

**SUMMARY OF SERVICES PROVIDED:**

The program provides correctional outpatient substance abuse treatment services.

**CURRENT LICENSURE STATUS:** Current licensure dates and length of license.

**RECOMMENDATION:** It is recommended that the program be:

- ☐ Issued a license for a period of three years effective \_\_\_\_\_ to \_\_\_\_\_
- ☐ Issued a license for a period of two years effective \_\_\_\_\_ to \_\_\_\_\_
- ☐ Issued a license for a period of one year effective \_\_\_\_\_ to \_\_\_\_\_
- ☐ Issued a license for 270 days effective \_\_\_\_\_ to \_\_\_\_\_
- ☐ Denied a license

**PURPOSE:** Chapter 125 of the Code, as amended, requires in section 125.13 that “a person may not maintain or conduct any chemical dependency substitutes or antagonist program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department.”

Compliance ratings for the major sections recorded in the “Degree of Compliance” Column of the checklist are based on the following criteria:

- C** *Full Compliance* – The facility substantially meets the intent of the standard as indicated by the program’s activities and documentation. Point(s) give/awarded.
- NC** *Non-Compliance* – The facility does not meet the intent of the standards. Point(s) not given/awarded.
- NR** **No Records Available** (Initial Applicants Only) – The facility is an initial applicant and had no records to review. Point(s) not given/awarded.
- NA** *Does Not Apply* – The standard does not apply to the facility. Point(s) not given/awarded.

GENERAL PROGRAM REQUIREMENT AREAS	
<b>156.3(1) Procedures Manual</b>	
A. Has the program developed and maintained a policies and procedures manual?	_____
B. Does the manual contain all written policies and procedures required throughout the standards?	_____
C. Are revisions entered containing date, name and title of persons making the revisions?	_____
D. Is the manual reviewed and approved on an annual basis?	_____
E. Does the procedures manual contain policies on:	
1. Organization and management of the program;	_____
2. Treatment philosophy;	_____
3. Objectives:	_____
4. The role of the coordinator/director in charge of this service;	_____
5. Admission criteria; and,	_____
6. Interrelationship with other service components and providers?	_____
<b>156.3(2) Personnel</b>	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	_____
2. Recruitment and selection of volunteers;	_____
3. Wage and salary administration;	_____
4. Promotion;	_____
5. Employee benefits;	_____
6. Working hours;	_____
7. Vacation and sick leave;	_____
8. Lines of authority;	_____
9. Rules of conduct;	_____
10. Disciplinary action and termination;	_____
11. Methods for handling inappropriate client care;	_____
12. Work performance appraisal;	_____
13. Employee accidents and safety;	_____
14. Employee grievances; and,	_____
15. Policy on staff persons suspected of using or abusing substances?	_____
B. Does the program have an equal employment opportunity policy and affirmative action plan?	_____
C. Does the program maintain written job descriptions describing the actual duties of the staff?	_____
D. Are personnel performance evaluations performed on an annual basis?	_____
E. Is the employee able to respond to the evaluation?	_____
F. Are personnel records kept on each employee to include;	
1. Verification of training, experience and professional credentials;	_____
2. Documentation of DCI criminal records check;	_____
3. Job performance evaluations;	_____
4. Incident reports;	_____
5. Disciplinary actions taken; and,	_____
6. Documentation of review and adherence to confidentiality regulation prior to assumption of duties?	_____

G.	Does the program have written policies and procedures ensuring confidentiality of personnel records?	_____
H.	Is there evidence that all personnel providing screenings, evaluations, assessments and treatment certified by IBSAC or other approved boards, or are eligible for certification, or have education, training and experience in the substance abuse field?	_____
I.	Are there policies and procedures prohibiting sexual harassment?	_____
J.	Are there policies implementing the Americans with Disabilities Act?	_____
<b>156.3(3) Medical Services</b>		
A.	Does the program have written policies and procedures to address medical services, including emergency medical services or detoxification?	_____
B.	Are medical histories and physical examinations conducted within 7 days of admission to the residential OWI facility?	_____
C.	Does the facility ensure, by referral agreement or contract, that emergency medical services at a general hospital are available on a 24-hour basis?	_____
<b>156.3(5) Clinical Oversight</b>		
A.	Does the program have appropriate clinical oversight provided in house or through consultation?	_____
B.	Does clinical oversight include:	_____
	1. Assisting in development of clinical policies and procedures;	_____
	2. Assisting in the training of staff; and,	_____
	3. Assistance to clinical staff providing direct services.	_____
<b>156.3(6) Staff Development and Training</b>		
A.	Does the program have policies and procedures establishing a staff development and training program?	_____
B.	Is there documentation that staff are certified, licensed or have professional education?	_____
C.	Or oriented to include:	_____
	1. Psychosocial;	_____
	2. Medical;	_____
	3. Pharmacological;	_____
	4. Confidentiality;	_____
	5. Tuberculosis and blood-borne pathogens;	_____
	6. HIV/AIDS; and,	_____
	7. Cultural specificity of diverse populations?	_____
D.	Has the program established an on-site training program or entered into an agreement with outside resources meeting the identified ongoing training needs of the staff?	_____
E.	Are staff members kept informed of new developments in the field of substance abuse treatment and rehabilitation?	_____
F.	Are in-service programs instituted when program operations or functions are changed?	_____
G.	Has the program conducted an annual training needs assessment?	_____
H.	Has the program developed an annual staff development training plan based on the needs assessment?	_____
I.	Are minutes of on-site training kept which include:	_____
	1. Dates of the meeting;	_____
	2. Names of person attending; and,	_____
	3. Topics discussed.	_____

<b>156.3(7) Intake</b>	
<p>A. Does the program have written policies and procedures governing a uniform intake process?</p> <p>B. Does the intake process define:</p> <ol style="list-style-type: none"> <li>1. The types of information gathered upon admission; and,</li> <li>2. Procedures to be followed when accepting referrals from outside resources?</li> </ol>	<p>_____</p> <p>_____</p> <p>_____</p>
<b>156.3(8) Orientation</b>	
<p>Does the intake process include documentation to ensure that the individual has been informed of:</p> <ol style="list-style-type: none"> <li>1. The general nature and goals of the program;</li> <li>2. Rules governing conduct and infractions that can lead to disciplinary action or discharge from the program;</li> <li>3. Inmate's rights and responsibilities;</li> <li>4. Confidentiality laws, rules and regulations; and,</li> <li>5. Treatment costs to be borne by the inmate?</li> </ol>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<b>156.3(9) Assessment</b>	
<p>A. Does the program have policies an procedures that address assessment?</p> <p>B. Is sufficient information collected during the intake process so that the assessment of the status is complete and a comprehensive plan of treatment be developed which is an analysis and synthesis of the intake date, and addresses the strengths, problems and areas of clinical concerns?</p> <p>C. If the assessment was developed by IMCC personnel or other correctional institution personnel, did the program document review and updates as applicable?</p> <p>D. Is the following information collected as part of the assessment process;</p> <ol style="list-style-type: none"> <li>1. Identifying information;</li> <li>2. Demographic information;</li> <li>3. Presenting problem;</li> <li>4. Substance abuse history;</li> <li>5. Family history;</li> <li>6. Educational status and history;</li> <li>7. Vocational/employment status and history;</li> <li>8. Interpersonal relationships, peers and friends;</li> <li>9. Legal history and current involvement with criminal justice system;</li> <li>10. Medical and health history;</li> <li>11. Psychological history and mental status; and,</li> <li>12. A financial evaluation to include insurance coverage?</li> </ol>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<b>156.3(10) Treatment Plans</b>	
A. Does the program have written policies and procedures that address treatment planning and reviews?	_____
B. Is the treatment plan based on the assessment?	_____
C. Is the treatment plan developed within 30 days following admission?	_____
D. Does the treatment plan minimally contain the following:	_____
1. a. Strengths;	_____
b. Needs	_____
2. a. Short term goals;	_____
b. Long term goals;	_____
3. a. Type of therapeutic activities;	_____
b. Frequency of therapeutic activities;	_____
4. Staff person to be responsible for the inmate's treatment;	_____
5. Is the plan culturally and environmentally specific; and	_____
6. Is the treatment plan developed in partnership with the inmate and counselor?	_____
E. Are the inmate and counselor reviews conducted at least every 60 days?	_____
F. Do the reviews contain:	_____
1. Reassessment of the client's current status;	_____
2. Redefining of treatment goals;	_____
3. Date of review; and,	_____
4. Individuals involved?	_____
G. Is the inmate provided a copy of the treatment plan upon request?	_____
<b>156.3(11) Progress Notes</b>	
A. Does the program have written policies and procedures to address progress notes?	_____
B. Do the progress notes contain the following:	_____
1. Client's/patient's progress and current status in meeting treatment goals;	_____
2. Documentation of individual sessions;	_____
3. Documentation of group or group summaries (monthly for outpatient, bi-weekly for residential);	_____
4. Notes filed in chronological order;	_____
5. Date of entry;	_____
6. Signature or initials and title;	_____
7. Entries with pen, type or computer (computer access code must be available);	_____
8. Behavioral observations;	_____
9. An avoidance of inappropriate jargon; and,	_____
10. Are the notes uniform?	_____
<b>156.3(12) Discharge Planning</b>	
A. Does the discharge summary contain:	_____
1. Current strengths and weaknesses of inmate;	_____
2. Assessment results;	_____
3. Treatment activities;	_____
4. Social/family support;	_____
5. Current inmate status to include motivation/participation; and,	_____
6. Recommendations that include the reason for referral and prognosis?	_____
B. Does the program maintain a list of all substance abuse resources that includes:	_____
1. Name and location of the resources; and,	_____
2. Type of services provided by the resource?	_____

<p><b>156.3(13) Quality Improvement</b></p> <p>A. Does the program have a written quality improvement plan? _____</p> <p>B. Does the written plan contain the following: _____</p> <ol style="list-style-type: none"> <li>1. Objectives; _____</li> <li>2. Organization; _____</li> <li>3. Scope; and, _____</li> <li>4. Mechanisms for oversight? _____</li> </ol> <p>C. Does the quality improvement plan address the following: _____</p> <ol style="list-style-type: none"> <li>1. Is all the information collected, screened by an individual or committee; and, _____</li> <li>2. Is the objective criteria utilized in development and application for ensuring client/patient care? _____</li> </ol> <p>D. Has the quality improvement program developed a corrective action plan when problems have been identified? _____</p> <p>E. Has the corrective action plan been followed until the problem has been resolved? _____</p> <p>F. Is the information used to detect trends, patterns of performance that affect more than one component? _____</p> <p>G. Is the quality improvement program evaluated at least annually? _____</p>	
<p><b>156.3(14) Inmate Case Record</b></p> <p>A. Does the program have written policies and procedures governing inmate case records that ensures: _____</p> <ol style="list-style-type: none"> <li>1. The program is responsible for protecting the inmate records against loss, tampering or unauthorized disclosure of information; _____</li> <li>2. Content and format of records are kept uniform; and _____</li> <li>3. Entries in the case record are signed and dated. _____</li> </ol> <p>B. Does the program ensure records are kept in a suitable locked room or file cabinet? _____</p> <p>C. Are records accessible to authorized staff? _____</p> <p>D. Is there a written policy governing maintenance (7 years) and disposal of inmate case records? _____</p> <p>E. Release of Information: 42CFR, Part 2 _____</p> <ol style="list-style-type: none"> <li>1. Does the format for the disclosure of client information contain: _____</li> <ol style="list-style-type: none"> <li>a. The name of the program which is to make the disclosure; _____</li> <li>b. The name, title, or organization to which the disclosure is to be made; _____</li> <li>c. The name of the inmate; _____</li> <li>d. The purpose or need for the disclosure; _____</li> <li>e. The information to be released; _____</li> <li>f. Revocation statement; _____</li> <li>g. The date the consent form is signed; _____</li> <li>h. Space for the inmate's signature; and, _____</li> <li>i. Expiration date or condition? _____</li> </ol> <li>2. Is the release signed prior to releasing information? _____</li> <li>3. Is the client informed of the information and purpose of the release prior to signing? _____</li> <li>4. Did the client sign the release voluntarily? _____</li> </ol> <p>F. In instances when information is released without the inmate's consent, such as medical emergency, are details pertinent to the transaction entered into the case record including: _____</p> <ol style="list-style-type: none"> <li>1. The date the information was released; _____</li> <li>2. Persons to whom the information was released; _____</li> <li>3. The reason the information was released; and, _____</li> <li>4. The nature and details of the information given? _____</li> </ol> <p>G. Following an authorized disclosure of information, are inmates or applicants informed that such information was released? _____</p>	



<p>H. Does the inmate case record contain:</p> <ol style="list-style-type: none"> <li>1. Physical examination and lab test (if warranted);</li> <li>2. Reports from referral sources;</li> <li>3. Treatment plans;</li> <li>4. Medication records</li> <li>5. Reports from outside resources;</li> <li>6. Multidisciplinary staffing notes;</li> <li>7. Correspondence related to the client (letters, phone calls, etc.);</li> <li>8. Treatment consent forms, if applicable;</li> <li>9. Release forms;</li> <li>10. Progress notes;</li> <li>11. Records of service provided; and,</li> <li>12. Discharge summaries?</li> </ol>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>156.3(15) Inmate Rights</b></p>	
<p>A. Does the program have written policies and procedures that address;</p> <ol style="list-style-type: none"> <li>1. Informing inmates of their legal and human rights at the time of admission;</li> <li>2. Inmate communication, opinions, or grievances with a mechanism for redress; and,</li> <li>3. Inmate rights to privacy?</li> </ol>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><b>156.3(16) Medication Control</b></p>	
<p>A. Does the program have written policies and procedures that address medication control?</p> <p>B. Does the program maintain a list of qualified personnel authorized to administer medication?</p> <p>C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?</p> <p>D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?</p> <p>E. Does the program maintain a dispensing log or document in the inmate record all medications dispensed?</p> <p>F. Is the medication storage maintained as follows:</p> <ol style="list-style-type: none"> <li>1. In accordance with security requirements of federal, state, and local laws;</li> <li>2. Refrigerated, if required;</li> <li>3. Separated from food and other items;</li> <li>4. Stored in original containers; and,</li> <li>5. Are external substance stored separately from internal and injectable medications?</li> </ol> <p>G. Does the staff person in charge of medications conduct and document a monthly inspection of all storage unites?</p> <p>H. Does the program document the processing of drugs left by the inmate, or damaged while being stored in the facility?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p><b>641—155.22(125) Inpatient, Residential and Halfway House Safety</b></p> <p><b>155.22(1) Health and Fire Safety Inspections</b></p> <p>A. Does the program document compliance with state fire marshal's rules? _____</p> <p>B. Are all offices where services are provided inspected on an annual basis by the state fire marshal or their designee? _____</p> <p>C. Are food services operations inspected on an annual basis by the Department of Inspection and Appeals or their designee? _____</p> <p>D. If used, are door locks or closed sections approved by the:</p> <ol style="list-style-type: none"> <li>1. Fire Marshal _____</li> <li>2. Professional staff; and, _____</li> <li>3. Governing body? _____</li> </ol> <p><b>155.22(2) Emergency Preparedness</b></p> <p>A. Does the program have a written emergency preparedness program? _____</p> <p>B. Does the written plan provide for client/patient care to be continued during a crisis? _____</p>	
<p><b>641—155.23(125) Inpatient, Residential and Halfway House Service</b></p> <p><b>155.23(1) Hours of Operation</b></p> <p>A. Does the program operate seven days a week, 24 hours a day? _____</p> <p><b>155.23(2) Meals</b></p> <p>A. Does the program provide a minimum of three meals per day? _____</p> <p>B. Does the program make provisions to make available necessary meals to clients who are not present at meal time? _____</p> <p>C. Are menus prepared in consultation with a dietitian? _____</p> <p>D. If client/patients are allowed to prepare meals, does the program document conformity with commonly accepted procedures of hygiene for food preparation? _____</p> <p><b>155.23(3) Consultation With Counsel</b></p> <p>A. Does the inpatient, residential, and halfway house program have policies and procedures that ensure clients have an opportunity and access to consultation with legal counsel at any reasonable time? _____</p> <p><b>155.23(4) Visitation With Family and Friends</b></p> <p>A. Do inpatients, residential and halfway house programs have policies and procedures which ensure opportunities for continuing contact with family and friends? _____</p> <p>B. If visiting opportunities are clinically contra-indicated are:</p> <ol style="list-style-type: none"> <li>1. They approved on an individual basis by the treatment supervisor; _____</li> <li>2. They subject to review by the executive director; _____</li> <li>3. The justification for restrictions documented in the client record; and, _____</li> <li>4. The restrictions evaluated for continuing therapeutic effectiveness every seven days by the treatment supervisor and primary counselor? _____</li> </ol> <p>C. Are visiting hours conspicuously displayed at the facility? _____</p>	

<p><b>155.23(5) Telephone Use</b></p> <p>A. Does the inpatient, residential and halfway house program have policies and procedures which allow clients/patients to conduct private telephone conversations with family and friends?</p> <p>B. If telephone use is clinically contra-indicated are:</p> <ol style="list-style-type: none"> <li>1. They approved on an individual basis by the treatment supervisor;</li> <li>2. They subject to review by the executive director;</li> <li>3. The justification for restrictions documented in the client record; and,</li> <li>4. The restrictions evaluated for continuing therapeutic effectiveness every seven days by the treatment supervisor and primary counseling?</li> </ol> <p>C. Is access to the telephone made available during reasonable hours as defined in policies and procedures?</p> <p>D. Are emergency calls received at the time of the call or made when necessary?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>155.23(6) Communications</b></p> <p>A. Does the inpatient, residential, halfway house program have policies and procedures that ensure that neither mail nor other communications to or from a client may be intercepted, read or censored?</p>	<p>_____</p>
<p><b>155.23(7) Facility</b></p> <p>A. Is the facility safe, clean, well-ventilated, properly heated, in good repair, and free from vermin and rodents?</p> <p>B. Do clients bedrooms include:</p> <ol style="list-style-type: none"> <li>1. A sturdily constructed bed;</li> <li>2. A clean mattress protected with a clean mattress pad;</li> <li>3. A designated space for personal possessions and for hanging clothing in proximity to the sleeping area; and,</li> <li>4. Bedroom windows with curtains or window blinds?</li> </ol> <p>C. Do sleeping areas include:</p> <ol style="list-style-type: none"> <li>1. Doors for privacy;</li> <li>2. Partitioning or placement of furniture to provide privacy for all clients;</li> <li>3. The number of clients in a room is appropriate to goals of the facility and to the ages, developmental levels, and clinical needs of the client;</li> <li>4. Are clients allowed to keep and display personal belongings and add personal touches to the decoration of the room in accordance with program policy; and,</li> <li>5. Do staff knock on the door of a client/patient's room before entering?</li> </ol> <p>D. Are clean linen, towels, and washcloths available minimally on a weekly basis and more often as needed?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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<p><b>155.23(8) Religion-Culture</b></p> <p>A. Does the inpatient, residential and halfway house program have a written description of its religious orientation, particular religious practices that are observed, and any religious restrictions?</p> <p>B. Are there written descriptions provided to the parent(s) or guardian, and the placing agency at the time of admission in compliance with 42CFR?</p> <p>C. Is the information available to adults during orientation?</p> <p>D. Do client/patients have the opportunity to participate in religious activities and services in accordance with the client/patients own faith or that of a minor client/patients parent(s) or guardian?</p> <p>E. Does the facility provide/arrange for when necessary and reasonable, transportation for religious activities?</p>	<hr/> <hr/> <hr/> <hr/> <hr/>
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